

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
2010 OCT 19 PM 1:14
FEC MAIL CENTER

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

ASSOCIATION OF AMERICAN PHYSICIANS AND
SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

5941 RUTHERFORD ROAD

Check if different
than previously
reported. (ACC)

MOUNT DORA

FL 32757

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

00041590

3. IS THIS
REPORT

NEW
(N) OR

AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)

July 15
Quarterly Report (Q2)

October 15
Quarterly Report (Q3)

January 31
Year-End Report (YE)

July 31 Mid-Year
Report (Non-election
Year Only) (MY)

Termination Report
(TER)

(b) Monthly
Report
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the
State of

(d) 30-Day
POST-Election
Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period

07' 01' 2010

through

09' 30' 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

James F. Coy

Signature of Treasurer

James F. Coy MD

Date

10' 14' 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name ASSOCIATION OF AMERICAN PHYSICIANS
AND SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: ^{M M ' D D ' Y Y Y Y} 07 ' 01 ' 2010 To: ^{M M ' D D ' Y Y Y Y} 09 ' 30 ' 2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^{Y Y Y Y} 2010		6,515.78
(b) Cash on Hand at Beginning of Reporting Period.....	6,382.99	
(c) Total Receipts (from Line 19)	1,284.50	1,284.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	19,227.99	19,360.78
7. Total Disbursements (from Line 31)	3,114.50	3,247.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16,113.49	16,113.49
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	Ø	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	Ø	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 07 ^M 01 ^D 2010 ^Y To: 09 ^M 30 ^D 2010 ^Y

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6,750.00	6,750.00
(ii) Unitemized	6,095.00	6,095.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12,845.00	12,845.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	12,845.00	12,845.00
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	12,845.00	12,845.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12,845.00	12,845.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	3,114.50	3,247.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3,114.50	3,247.29
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3,114.50	3,247.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	3,114.50	3,247.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	, 12,845.00	, 12,845.00
34. Total Contribution Refunds (from Line 28(d))	, , 0	, , 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	, 12,845.00	, 12,845.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	, 3,114.50	, 3,247.29
37. Offsets to Operating Expenditures (from Line 15, page 3)	, , 0	, , 0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	, 3,114.50	, 3,247.29

10030461944

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 1 OF 5

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND
AAPS-PAC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Berckmueller, David E.

Mailing Address

P.O. Box 364 - 30 North Edison Street

City

Milan

State

Ohio

Zip Code

44846-9320

FEC ID number of contributing
federal political committee.

C00041590

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 ' 13 ' 2010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Galloway, Pamela G

Mailing Address

1506 Pine View Lane

City

Wausau

State

Wisconsin

Zip Code

54403

FEC ID number of contributing
federal political committee.

C00041590

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 ' 13 ' 2010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lsernak, L.

Mailing Address

2509 E. Cherrywood PL

City

Chandler

State

Arizona

Zip Code

85249

FEC ID number of contributing
federal political committee.

C00041590

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 ' 13 ' 2010

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶

1,000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 5

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND
AAPS-APC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Leifer, Mark

Mailing Address

4484 Indian Hill Drive

City

Lima

State

Ohio

Zip Code

45806-1358

FEC ID number of contributing
federal political committee.

C00041590

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY

09 / 13 / 2010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Magiera, Christopher J.

Mailing Address

1806 Pine View Lane

City

Wausau Wisconsin

State

Zip Code

54403

FEC ID number of contributing
federal political committee.

C00041590

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY

09 / 13 / 2010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ~~Dana~~ Monaco, Dana

Mailing Address

2 St Clair Street

City

Lynbrook New York

State

Zip Code

11563

FEC ID number of contributing
federal political committee.

C00041590

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY

09 / 13 / 2010

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶

750.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE **3** OF **5**

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

**ASSOCIATION OF AMERICAN PHYSICIANS
AAPS PAC LAM SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. **Watson, George R.**

Mailing Address

2209 W Timbercreek C.R.

City

State

Zip Code

Wichita

Kansas

67204

FEC ID number of contributing
federal political committee.

C00041590

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1,500.00

Date of Receipt

MM / DD / YYYY

09 13 2010

Amount of Each Receipt this Period

1,500.00

Full Name (Last, First, Middle Initial)

B. **Stark, Ron H.**

Mailing Address

W 386 N 5967 Blackhawk Drive

City

State

Zip Code

Oconomowoc, Wisconsin

53066

FEC ID number of contributing
federal political committee.

C00041590

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY

09 13 2010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. **Heersink, Bernhard**

Mailing Address

21 Highland Ave. #1

City

State

Zip Code

Newburyport, MA

01950

FEC ID number of contributing
federal political committee.

C00041590

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY

09 13 2010

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶

2000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 4 OF 5

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND
APPS PAC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Gutknecht, Michael

Mailing Address

8305 Skyridge Drive

City

Plano

State

Texas

Zip Code

75025

FEC ID number of contributing
federal political committee.

C00041590

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

MM / DD / YYYY

09 / 13 / 2010

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. Orient, Jane M.

Mailing Address

3615 E. 5th Street

City

Tucson

State

Arizona

Zip Code

85716

FEC ID number of contributing
federal political committee.

C00041590

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY

09 / 13 / 2010

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Roberts, Larry

Mailing Address

4302 Wolfen

City

Amarillo

State

Texas

Zip Code

79106

FEC ID number of contributing
federal political committee.

C00041590

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

MM / DD / YYYY

09 / 13 / 2010

Amount of Each Receipt this Period

1,000.00

SUBTOTAL of Receipts This Page (optional).....▶

2,500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 5

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND
AAPS PAC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Rosenwasser, Tamzin

Mailing Address

2232 E. 700 S

City

Lafayette

State

IN

Zip Code

47909

FEC ID number of contributing
federal political committee.

C00041590

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

, ,250.00

Date of Receipt

09 ' 13 ' 2010

Amount of Each Receipt this Period

, ,250.00

Full Name (Last, First, Middle Initial)

B. Reponis, Tom G

Mailing Address

126 Price Avenue

City

Columbus Ohio

State

Zip Code

43201-5406

FEC ID number of contributing
federal political committee.

C00041590

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

, ,250.00

Date of Receipt

09 ' 20 ' 2010

Amount of Each Receipt this Period

, ,250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

, ,

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

, ,

SUBTOTAL of Receipts This Page (optional).....▶

, ,500.00

TOTAL This Period (last page this line number only).....▶

, ,6,750.00

10030461949

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☐ USPS First Class Mail Postmarked

☒ USPS Registered/Certified Postmarked (R/C)
10/15/10

☐ USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐

☐ USPS Express Mail Postmarked

☐ Postmark Illegible

☐ No Postmark

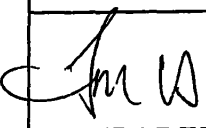
☐ Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery ☐

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked


PREPARER
(3/2005)

10/19/10
DATE PREPARED

10030461950